## **INFORMATIONAL LETTER NO.1871-MC-FFS**

Governor

**DATE:** January 10, 2017

**TO:** Iowa Medicaid Hospitals (excluding Critical Access Hospitals), Physicians,

Physical Therapists, Independent Speech Pathologists, Occupational

Lt. Governor

**Director** 

Therapists and Rehabilitation Agency Providers

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Multiple Procedure Payment Reductions (MPPR) for Therapy Claims

**EFFECTIVE:** January 1, 2018

Informational Letter <u>1781-MC-FFS</u><sup>1</sup> issued on March 21, 2017, referenced procedure codes that are subject to MPPR for therapy claims. With the 2018 procedure code update there is one discontinued code and one new code (which is in bold font below) relating to MPPR for therapy claims.

## List of Therapy Procedures that are being discontinued December 31, 2017:

| Code  | Short Descriptor            |
|-------|-----------------------------|
| 97762 | C/o for orthotic/prosth use |

## List of Therapy Procedures Subject to the Multiple Procedure Payment Reduction:

| Code  | Short Descriptor  |
|-------|---|
| 92507 | Speech/hearing therapy                                      |
| 92508 | Speech/hearing therapy, group                               |
| 92521 | Evaluation of speech fluency                                |
| 92522 | Evaluation of speech sound production                       |
| 92523 | Evaluation of speech sound production with eval of language |
| 92524 | Behavioral and qualitative analysis of voice and resonance  |
| 92526 | Oral function therapy                                       |
| 92597 | Oral speech device evaluation                               |
| 92607 | Evaluation for prescription of speech device, 1hour         |
| 92609 | Use of speech device service                                |
| 96125 | Cognitive performance testing                               |
| 97012 | Mechanical traction therapy                                 |
| 97016 | Vasopneumatic device therapy                                |

<sup>&</sup>lt;sup>1</sup> https://dhs.iowa.gov/sites/default/files/1781-MC-FFS MultipleProcedurePaymentReductionsforTherapyClaims.pdf
All Informational Letters are sent to the Managed Care Organizations

| 07040 | Desertion hould the second                               |
|-------|--|
| 97018 | Paraffin bath therapy                                    |
| 97022 | Whirlpool therapy  |
| 97024 | Diathermy (e.g., microwave)                              |
| 97026 | Infrared therapy   |
| 97028 | Ultraviolet therapy                                      |
| 97032 | Electrical stimulation                                   |
| 97033 | Electric current therapy                                 |
| 97034 | Contrast bath therapy                                    |
| 97035 | Ultrasound therapy                                       |
| 97036 | Hydrotherapy (Hubbard tank)                              |
| 97110 | Therapeutic exercises                                    |
| 97112 | Neuromuscular reeducation                                |
| 97113 | Aquatic therapy/exercises                                |
| 97116 | Gait training therapy                                    |
| 97124 | Massage therapy  |
| 97140 | Manual therapy   |
| 97150 | Group therapeutic procedures                             |
| 97161 | PT eval low complex 20 minutes                           |
| 97162 | PT eval mod complex 30 minutes                           |
| 97163 | PT eval high Complex 45 minutes                          |
| 97164 | PT re-eval est plan care                                 |
| 97165 | OT eval low complex 30 minutes                           |
| 97166 | OT eval mod complex 45 minutes                           |
| 97167 | OT eval high complex 60 minutes                          |
| 97168 | Ot re-eval est plan care                                 |
| 97530 | Therapeutic activities                                   |
| 97533 | Sensory integration                                      |
| 97535 | Self care management training                            |
| 97537 | Community/work reintegration                             |
| 97542 | Wheelchair management training                           |
| 97750 | Physical performance test or measurement with report     |
| 97755 | Assistive technology assessment; direct contact, written |
| 97760 | Orthotic mgmt and training                               |
| 97761 | Prosthetic training                                      |
| 97763 | Orthotic(s)/prosthetic(s) management and/or training     |
| G0281 | Electrical Stimulation                                   |
| G0283 | Elec stim other than wound                               |
| G0329 | Electromagnetic therapy                                  |

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at <a href="mailto:imeproviderservices@dhs.state.ia.us">imeproviderservices@dhs.state.ia.us</a>.